



Practitioner's Docket No. 0122-898

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Pan, Pai-Hung

Application No.: 09/059,644

Filed: 04/13/1998

For: Semiconductor Processing Methods of Forming a Conductive Gate and Line

Group No.: 2822

Examiner: M. Trinh

GP 2822
NS \$
15/Eft. ①
Shura
10-5-00

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$110.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date:

9/25/00

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Cheryl Boies
Signature

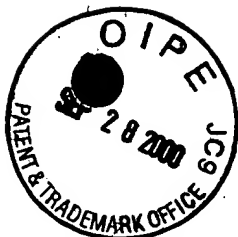
Cheryl Boies
(type or print name of person certifying)

09/29/2000 MYUSUF1 00000094 09059644

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110.00 OP

(Amendment Transmittal—page 1 of 2)



FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	11	Minus	20	= 0	x \$18 =	\$0
Indep.	4	Minus	4	= 0	x \$78 =	\$0
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0
Total					Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$110.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 23-0925.
If any additional fee for claims is required, charge Account No. 23-0925.

Date: Sept 25, 2000



SIGNATURE OF PRACTITIONER

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